## 118000010387

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
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## **COVER LETTER**

TO: Re	egistration Section				
D	ivision of Corporations				
	0.77				
SUBJEC	CITRUSTEK LLC				
		(Name of Limited Liability Company)			
The enclo	osed member, resignation or disso	ciation and fee(s	) are submitted for filing.		
Please ret	turn all correspondence concernin	g this matter to:			
Mark E.	Stowell				
	(Contact Person)	•	_		
	(Firm/Company)	_	_		
2601 Fo	prest Drive				
	(Address)		_		
Melbour	me, FL 32901				
	(City/State and Zip Code)		_		
For furthe	er information concerning this ma	itter, please call:			
Mark E.	Stowell	321	749-3534		
	(Name of Contact Person)		& Daytime Telephone Number)		
Enclosed □ \$25 Fi	please find a check made payable ling Fee		Department of State for: 3 Fee & Certified Copy		
	C/COURIER ADDRESS:		MAILING ADDRESS:		
-	ion Section		Registration Section		
	of Corporations		Division of Corporations		
Clifton B	•		P.O. Box 6327		
	ecutive Center Circle		Tallahassee, Florida 32314		
Tallahass	ee, Florida 32301				

CR2E079 (2/14)



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

## DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

	limited liability company as it appears on the records of the Flori	da Departme
2. The Florida doc L1800001038	ument/registration number assigned to this limited liability compa	iny is:
3. The date this mo	ember/manager withdrew/resigned or will withdraw/resign is: _9,	/12/2019
4. I. <b>MARK</b> (Prim N	Aame of Person Resigning), hereby withdraw/resign as a	2019 SEP <sub>T</sub> :
MGM	(Print Title)	2   20
of this limited lia resignation in wr	bility company and affirm the limited liability company has been iting.	notified of # 6:
Signature of D	issociating Member or Resigning Manager	·
_	\$25.00 (Required) \$30.00 (Optional)	